

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Yuma</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>4</u>
District of <u>Saint Johns</u>	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>45</u>
Town of _____			Local Registrar No. <u>18</u>
or _____			
City of _____	No. _____ If birth occurred in a hospital or institution, give its NAME instead of street and number		St. _____ Ward _____
2. Full name of child <u>Doris Heap</u> If child is not yet named, make supplemental report, as directed.			
3. Sex of Child <u>♀</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>
		5. No., in order of birth _____	7. Date of birth <u>April 6, 1923</u>
8. FATHER Full name <u>Henry Ward Heap</u>		14. MOTHER Full maiden name <u>Etta Perry</u>	
9. Residence (Usual place of abode) <u>St. Johns, Ariz</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>St. Johns, Ariz</u> If nonresident, give place and state	
10. Color or race <u>White</u>		16. Color or race <u>White</u>	
11. Age at last birthday <u>33</u> (Years)		17. Age at last birthday <u>28</u> (Years)	
12. Birthplace (city or place) <u>St. Johns, Ariz</u> (State or country)		18. Birthplace (city or place) <u>St. Johns, Ariz</u> (State or country)	
13. Occupation <u>County Reporter</u> Nature of industry		19. Occupation <u>Housewife</u> Nature of industry	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living <u>5</u> (b) Born alive but now dead _____ (c) Stillborn _____		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at _____ m. on the date above stated. (Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>Margaret Jarves</u> (Physician or midwife)	
Address <u>Saint Johns, Ariz</u>			
Given name added from a supplemental report _____ Month, day, year.		Filed <u>5/1</u> , 19 <u>23</u> <u>Martin Jensen</u> Local Registrar.	
Registrar. _____		Filed <u>5/10</u> , 19 <u>23</u> <u>D. J. Rose</u> County Registrar.	

487-406-528

CO. SUP. OF HEALTH